

House File 789 - Introduced

HOUSE FILE _____
BY COMMITTEE ON COMMERCE

(SUCCESSOR TO HSB 161)

Passed House, Date _____ Passed Senate, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act requiring insurers offering certain individual or group
2 health insurance contracts, policies, or plans to provide
3 coverage for certain enteral formulas, audiological services
4 and hearing aids for children, and vaccinations for human
5 papilloma virus.
6 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
7 TLSB 1631HV 82
8 av/cf/24

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1 1 Section 1. NEW SECTION. 514C.23 ENTERAL FORMULAS ==
1 2 COVERAGE.
1 3 1. Except as provided in subsections 4 and 5, and
1 4 notwithstanding the uniformity of treatment requirements of
1 5 section 514C.6, a contract, policy, or plan providing for
1 6 third-party payment or prepayment of health or medical
1 7 expenses shall not exclude or restrict benefits for enteral
1 8 formulas for home use for which a practitioner licensed by law
1 9 to prescribe and administer prescription drugs has issued a
1 10 written order, if such contract, policy, or plan provides
1 11 benefits for other outpatient prescription drugs or devices.
1 12 Such written order must state that the enteral formula is
1 13 medically necessary for the patient.
1 14 2. For purposes of this section, "enteral formula" means
1 15 enteral formulas which have been proven effective for the
1 16 treatment of inborn errors of metabolism with a dietary
1 17 restriction, which if left untreated will cause
1 18 malnourishment, chronic physical disability, mental
1 19 retardation, or death. "Enteral formula" includes metabolic
1 20 formula prescribed for persons diagnosed with inborn errors of
1 21 metabolism with a dietary restriction. The commissioner, by
1 22 rule, shall further define enteral formula.
1 23 3. a. This section applies to the following classes of
1 24 third-party payment provider contracts, policies, or plans
1 25 delivered, issued for delivery, continued, or renewed in this
1 26 state on or after January 1, 2008:
1 27 (1) Individual or group accident and sickness insurance
1 28 providing coverage on an expense-incurred basis.
1 29 (2) Any individual or group hospital or medical service
1 30 contract issued pursuant to chapter 509, 514, or 514A.
1 31 (3) Any individual or group health maintenance
1 32 organization contract regulated under chapter 514B.
1 33 (4) A plan established pursuant to chapter 509A for public
1 34 employees.
1 35 (5) An organized delivery system licensed by the director
2 1 of public health.
2 2 b. This section shall not apply to accident-only,
2 3 specified disease, short-term hospital or medical, hospital
2 4 confinement indemnity, credit, dental, vision, Medicare
2 5 supplement, long-term care, basic hospital and medical=
2 6 surgical expense coverage as defined by the commissioner,
2 7 disability income insurance coverage, coverage issued as a
2 8 supplement to liability insurance, workers' compensation or
2 9 similar insurance, or automobile medical payment insurance.
2 10 4. An individual or group contract, policy, or plan
2 11 subject to the requirements of this section shall not impose
2 12 an annual deductible on enteral formula coverage benefits that
2 13 is greater than two thousand five hundred dollars per year for
2 14 each family covered and shall not impose an aggregate annual
2 15 limit for enteral formula coverage benefits that is less than

2 16 twelve thousand five hundred dollars per year for each family
2 17 covered.

2 18 5. An individual or group contract, policy, or plan
2 19 subject to the requirements of this section shall provide, at
2 20 a minimum, enteral formula coverage benefits to each male
2 21 insured until that individual reaches the age of twenty-one
2 22 years old or until that individual ceases to be enrolled as a
2 23 full-time student, as defined in section 261.102, whichever
2 24 occurs later, and shall provide, at a minimum, enteral formula
2 25 coverage benefits to each female insured until that individual
2 26 reaches the age of forty-five years old.

2 27 Sec. 2. NEW SECTION. 514C.24 AUDIOLOGICAL SERVICES AND
2 28 HEARING AIDS FOR CHILDREN == COVERAGE.

2 29 1. Notwithstanding the uniformity of treatment
2 30 requirements of section 514C.6, a contract, policy, or plan
2 31 providing for third-party payment or prepayment of health or
2 32 medical expenses shall provide minimum coverage benefits for
2 33 audiological services and hearing aids for children, including
2 34 but not limited to the following classes of third-party
2 35 payment provider contracts, policies, or plans delivered,
3 1 issued for delivery, continued, or renewed in this state on or
3 2 after January 1, 2008:

3 3 a. Individual or group accident and sickness insurance
3 4 providing coverage on an expense-incurred basis.

3 5 b. An individual or group hospital or medical service
3 6 contract issued pursuant to chapter 509, 514, or 514A.

3 7 c. An individual or group health maintenance organization
3 8 contract regulated under chapter 514B.

3 9 d. An individual or group Medicare supplemental policy,
3 10 unless coverage pursuant to such policy is preempted by
3 11 federal law.

3 12 e. A plan established pursuant to chapter 509A for public
3 13 employees.

3 14 2. This section shall not apply to accident-only,
3 15 specified disease, short-term hospital or medical, hospital
3 16 confinement indemnity, credit, dental, vision, long-term care,
3 17 basic hospital and medical-surgical expense coverage as
3 18 defined by the commissioner, disability income insurance
3 19 coverage, coverage issued as a supplement to liability
3 20 insurance, workers' compensation or similar insurance, or
3 21 automobile medical payment insurance.

3 22 3. As used in this section, "minimum coverage for
3 23 audiological services and hearing aids for children" means
3 24 coverage that includes at a minimum both of the following:

3 25 a. Coverage for hearing aids that are prescribed, filled
3 26 and dispensed by a licensed audiologist for children up to
3 27 eighteen years of age.

3 28 b. Coverage for an ear mold and a hearing aid for each
3 29 hearing-impaired ear payable every twenty-four months for
3 30 children up to eighteen years of age and coverage for up to
3 31 four additional ear molds per year for children up to three
3 32 years of age.

3 33 4. The commissioner of insurance shall adopt rules
3 34 pursuant to chapter 17A as necessary to administer this
3 35 section.

4 1 Sec. 3. NEW SECTION. 514C.25 HUMAN PAPILLOMA VIRUS
4 2 VACCINATIONS == COVERAGE.

4 3 1. Notwithstanding the uniformity of treatment
4 4 requirements of section 514C.6, a contract, policy, or plan
4 5 providing for third-party payment or prepayment of health or
4 6 medical expenses that provides coverage benefits for any
4 7 vaccination or immunization shall provide coverage benefits
4 8 for vaccinations for the human papilloma virus, to each female
4 9 insured who is nine years of age or older until that
4 10 individual reaches twenty-six years of age, including but not
4 11 limited to the following classes of third-party payment
4 12 provider contracts, policies, or plans delivered, issued for
4 13 delivery, continued, or renewed in this state on or after
4 14 January 1, 2008:

4 15 a. Individual or group accident and sickness insurance
4 16 providing coverage on an expense-incurred basis.

4 17 b. An individual or group hospital or medical service
4 18 contract issued pursuant to chapter 509, 514, or 514A.

4 19 c. An individual or group health maintenance organization
4 20 contract regulated under chapter 514B.

4 21 d. An individual or group Medicare supplemental policy,
4 22 unless coverage pursuant to such policy is preempted by
4 23 federal law.

4 24 e. A plan established pursuant to chapter 509A for public
4 25 employees.

4 26 2. This section shall not apply to accident only,

4 27 specified disease, short-term hospital or medical, hospital
4 28 confinement indemnity, credit, dental, vision, long-term care,
4 29 basic hospital and medical=surgical expense coverage as
4 30 defined by the commissioner, disability income insurance
4 31 coverage, coverage issued as a supplement to liability
4 32 insurance, workers' compensation or similar insurance, or
4 33 automobile medical payment insurance.

4 34 3. As used in this section, "human papilloma virus" means
4 35 the human papilloma virus as defined by the centers for
5 1 disease control and prevention of the United States department
5 2 of health and human services.

5 3 4. The commissioner of insurance shall adopt rules
5 4 pursuant to chapter 17A as necessary to administer this
5 5 section.

5 6 EXPLANATION

5 7 This bill requires insurers offering certain individual or
5 8 group health insurance contracts, policies, or plans in the
5 9 state to provide coverage for certain enteral formulas,
5 10 audiological services and hearing aids for children, and
5 11 vaccinations for human papilloma virus.

5 12 The provisions of the bill are applicable to third-party
5 13 payment provider contracts, policies, or plans delivered,
5 14 issued for delivery, continued, or renewed in this state on or
5 15 after January 1, 2008.

5 16 The commissioner of insurance is required to adopt rules
5 17 under Code chapter 17A to administer the provisions of the
5 18 bill.

5 19 ENTERAL FORMULAS. New Code section 514C.23 requires
5 20 specified individual and group health insurance contracts,
5 21 policies, or plans that provide coverage for outpatient
5 22 prescription drugs or devices to also provide coverage for
5 23 certain enteral formulas that have been prescribed by a
5 24 licensed medical practitioner for the treatment of inborn
5 25 errors of metabolism with a dietary restriction which if left
5 26 untreated will cause malnourishment, chronic physical
5 27 disability, mental retardation, or death.

5 28 The bill prohibits imposition of an annual deductible on
5 29 enteral formula coverage benefits that exceeds \$2,500 per year
5 30 for each family covered or an aggregate annual limit for such
5 31 benefits that is less than \$12,500 per year for each family.

5 32 The bill requires that the benefits must be provided, at a
5 33 minimum, to each male insured until that individual reaches 21
5 34 years of age or ceases to be enrolled as a full-time student,
5 35 whichever occurs later, and to each female insured until that
6 1 individual reaches the age of 45.

6 2 AUDIOLOGICAL SERVICES AND HEARING AIDS FOR CHILDREN. New
6 3 Code section 514C.24 requires specified individual and group
6 4 health insurance contracts, policies, or plans that provide
6 5 coverage for third-party payment or prepayment of health or
6 6 medical expenses to provide minimum coverage for audiological
6 7 services and hearing aids for children.

6 8 The bill provides that "minimum coverage for audiological
6 9 services and hearing aids for children" must include, at a
6 10 minimum, coverage for hearing aids that are prescribed,
6 11 filled, and dispensed by a licensed audiologist for children
6 12 up to 18 years of age, coverage for an ear mold and a hearing
6 13 aid for each hearing-impaired ear payable every 24 months for
6 14 children up to 18 years of age, and coverage for up to four
6 15 additional ear molds per year for children up to three years
6 16 of age.

6 17 HUMAN PAPILLOMA VIRUS VACCINATIONS. New Code section
6 18 514C.25 requires specified individual and group health
6 19 insurance contracts, policies, or plans that provide coverage
6 20 of any vaccinations or immunizations to provide coverage of
6 21 vaccinations for the human papilloma virus to each female
6 22 insured who is nine years of age until that individual reaches
6 23 26 years of age.

6 24 The bill defines "human papilloma virus" to mean the human
6 25 papilloma virus as defined by the centers for disease control
6 26 and prevention of the United States department of health and
6 27 human services.

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